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EDITOR'S MISCELLANY



THE Washington *Mirror* publishes a most sarcastic editorial on Dr. McGee and her band of nurses, which we print to show the kind of ridicule that nurses may expect when they leave the paths of plain common-sense marked out by their own leaders, and follow after those who are sure to use them for their own selfish ends. The *Mirror's* comment reads as follows:

"It is really painful to learn from uncontrovertible sources that the Japanese Government does not appreciate the blessing which we sent it in the shape of Dr. Anita Newcomb McGee and her band of trained nurses. Many and divers are the complaints against these picturesque personages, and Minister Takahira has been asked, in the flowery parlance of the East, how he came to be such a soft, chicken-hearted, stupid donkey as to allow the 'tried and trusty' to descend upon the Orient. Now, if the reader's memory can go back to the early days of March, 1904, he will remember that this publication utterly refused to become impressed with the campaign of Dr. Anita Newcomb. We knew Dr. Anita, even before the Spanish-American War, and we were prepared for the sequel. The trouble is that, first, Dr. McGee and her nurses cannot speak the lingo of the island kingdom. Of what earthly use is a nurse who cannot ask the patient to put out his tongue, to name the particles of his *menus*, and to describe his symptoms, severally and particularly.

"Then the nurses cannot eat the food prepared by Japanese cooks, nor can they live under the same conditions as the natives of the Mikado's land. Consequently, a *chef* from Hong Kong was imported, sundry articles of Western civilization, such as beds and mattresses and feather pillows, had to be purchased, and before the doctors had finished fixing up for Dr. McGee and her followers more cash had been spent than would pay able native nurses for six months. Another thing is, Dr. Anita is a born general, and she has wanted to mix up in the fighting and to direct things a bit. In the Orient women have to follow the maxims laid down by the apostle of the Gentiles. They are not supposed to speak in meeting. But the salary end seems to be holding out, and, after all, that is all Dr. Anita minds. She is somewhat thick-skinned, and the fact that she is in the way and causing embarrassment to the Japanese medical corps will not give her a moment's anxiety, so long as she draws so much per month. But the American Minister and the consuls have been approached

with the suggestion that Dr. McGee and her nurses and all the other American nurses sail for home. It remains to be seen if they will act on the hint. If not, the Japanese doctors intend to graze them out, so to speak, but to allow no more interference with hospital work. I trust Dr. McGee will now come home. She has gained all the notoriety which even she could crave and, incidentally, she has added largely to her bank account. Since it is obvious that the Mikado's medical corps can manage the job without her, she might take up the cause of her interesting young family. She has three very pretty children and they surely require some care. Then there is another Dr. McGee in the family who looks forlorn and lonesome, and would certainly appreciate the ministering care of his clever wife just as much as the Japanese soldiers."

THE EDUCATION OF THE NURSE.—Dr. Frank W. Patch, of Framingham, Mass., writing in the *North American Journal of Homœopathy*, says many good things in support of higher education for nurses. Speaking of the lack of uniformity in training-school methods he says: "When one looks about in the large educational field of to-day and observes the absolute lack of uniformity in standards among those who are devoting their lives to the cause, it should give us courage to feel that we are not alone, and hope that we may yet see evolved a high practical efficiency which shall serve well the new conditions arising in the medical profession and in the more highly developed humanitarianism of our coming life.

"Of schools we have now no lack—almost every hospital and sanitarium, public or private, with capacity of anywhere from five to five hundred beds, has its training-school. The time required in training is from a few months to four years. The only standards of either admission or graduation have been those arbitrarily established by the hospital managers according to the necessities of their particular institutions. In other words, the training-school has usually been tributary to the hospital and its educational advantages incidental to the needs of that institution."

In speaking of the prevailing custom of medical men attempting to teach nursing he says:

"At present we are confronted by the singular spectacle of the members of one profession attempting to act as instructors to students of another profession. Few physicians are proficient in the technical side of nursing; they can recognize a good nurse, they know how they like to have things done, and appreciate the tact and skill of the well-trained woman, yet how many possess the ability to perform nurses' duties?"

. . . "Now, we all feel that in other pursuits of life the best teachers are those who are able to illustrate by actual use every detail of the art they would impart to others; in fact, we find pupils of other schools usually entertaining great contempt for instructors who are not capable of practising all they teach.

"Physicians still continue in the feeling that classes of nurses are an immature lot of medical students, who in some indefinite, inexplainable manner are to absorb the elements of nursing through listening to lectures on *materia medica* or surgical pathology.

"The sooner we divest ourselves of this failure to distinguish clearly the lines of demarcation between the two professions the better it will be for each, and only then can we clearly comprehend the sort of instruction most needed by nurses. Let us then establish this first postulate firmly in mind: that the profession of nursing should be taught by nurses. Let the schools call in all the help they see fit on subjects closely related to their own, in medicine, in biology, in chemistry, in hygiene, but let all these remain subsidiary to the great subject in hand—that of instruction in nursing—and this instruction, in order to reach its highest development, must be practical object teaching, imparted always by those most competent in its execution.

"At the present day it is not so easy to secure women thoroughly equipped by nature and education to fill these teaching positions, broad-minded enough to grasp the duty imposed upon them, and competent to organize and discipline those under their charge in a perfectly impartial manner. For some time yet physicians must stand shoulder to shoulder with the few nurses already in the field and aid them in developing others to fill the many posts of need. The first and greatest desideratum is for all, nurses and physicians alike, to have a clear understanding of the end towards which to work, and then women to fill these places will be developed and the road will be a comparatively easy one. Confusion impedes progress more than any other element; whoever can aim at any distinct end is sure to accomplish that end sooner or later, provided sufficient patience and persistence are brought to bear."

Dr. Patch disapproves of the monthly fee to pupils on the ground that an education that is not worth working for is not worth having, in support of which idea he says:

"It is a confession on the part of the schools of one or two things—either that the supply of probationers is woefully scarce, or that the education offered is deplorably poor. On the part of the pupils it is a confession that, after all, the goal is not worth striving for."

In fact, Dr. Patch has caught the spirit of progress in nursing education, and with one exception we are cordially in sympathy with

him, but we have to take exception to his closing remark that "it is to Dr. Alfred Worcester, of Waltham, that we are chiefly indebted for taking the lead in the movement to systematize the work of training-schools." Perhaps it is hardly to be expected that medical men should be willing to admit that the great upward movement in nursing comes from nurses, aided and abetted by members of other professions, who in some instances have not thought it necessary to give credit for the original suggestion. Dr. Worcester may have done much, but hundreds of nurses have done more, and we think the honors should be divided.

WHAT SCHOOL-TEACHERS SHOULD KNOW.—*Charities* has been giving much space in recent numbers to the subject of "defective children," dealing with this class of dependents from every possible standpoint. Under the heading, "What Every Public School-Teacher Should Know about Defects," is given the following:

"When examining children, the teacher must constantly bear in mind that single symptoms do not necessarily stamp a child as defective. In a large class, a detailed examination of all the children is hardly possible, but when any child seems unable to keep up with his companions the teacher should go as deeply into his case as possible. A rapid physical examination will show many important facts,—*i.e.*, *head*, too large or too small, misshapen, or containing marks of injury; *mouth*, constantly open, deformed; *palate*, too high or cleft; *teeth*, poorly developed or misplaced; *tongue*, tied, enlarged, or deeply fissured; *ears*, malformed, full of wax, running; *hand*, flabby, clammy, too rigid or too pliable, stubby, unsteady; inability to grasp, pull and push, throw and catch; *general*, poor circulation, cold extremities, undersize in weight, deformities, poor condition of muscles, etc. Simple tests, supplemented by more careful work on the part of the physicians, must show if there is defective vision, deafness, adenoids, etc. They should examine also to see if there be any organic trouble of heart, liver, kidneys, lungs, etc., as any such will indirectly affect the activity of the brain.

"Many children come to school in a starved condition, not so much because they have insufficient food as because the food is of the wrong kind * and is not properly appropriated, thereby affecting the digestion, absorption, circulation, etc. The teacher must in such cases, with great tact and appreciation, become the adviser of the family.

"The teacher will note if any of the following apply to the child, being very careful not to lay undue stress upon these points, however: *Attention*, weak and wandering; *concentration*, poor, thoughts of numer-

* Many apparently stupid children are so because their meals consist in large part of sweet cakes, candies, cheap wine, tea, poorly baked pastry, etc.

ous things flit through the brain, irrelevant questions, etc.; *reason*, *judgment*, and *will*, very poor and weak (often a child means to do the right thing, but because of poor judgment or weak will fails); *sexual instincts*, uncontrolled; *shame*, ideas of common morality uncertain; *affection*, dog-like; *acquisitiveness*, large, hoarding of trash, etc. (the collecting instinct without purpose); *veracity*, poor, palpable lies told; *duty*, wanting (unselfishness usually from affection, not duty); *religious sentiment*, abnormally developed; *play*, the desire lacking (a feeble-minded child is inclined to be a solitary creature without resources to amuse himself); *speech*, defective, repetition of words without comprehension of their meaning. The physician's examination may reveal much here.

"The teacher must understand that the child is a human being, not merely a brain. If she does not understand it so, she will fail in her high calling. Being a human being, the child has a love of family, companions, and other social relationships. He loves life and freedom, joy and hope, and he has his myths and traditions and history. He has also his ideals. The teacher must note these things, and see their bearing upon the life of her child, particularly if he be backward. She must constantly confront herself with the question 'Why?' written large. She must go into the child's home and see if he is surrounded by tenderness and tidiness, find out if he works before and after school, or if he runs the streets a victim of influences which may be pernicious. If possible, she should know something of the family and its history—indeed, everything pertaining to the child's environment will be of value.

"Two more things are necessary to make her knowledge of value. She first must write it down, and, second, pass it on."

These suggestions are equally valuable to nurses who are working among children.



COCAINISM.—Dr. Charles J. Douglas says in the *Medical Press* that the taking of cocaine is very often the sequel of the morphia habit. It is taken to overcome the depression that follows the use of morphia or in an attempt to substitute it for that drug. The symptoms are dilations of the pupils, hallucinations of sight and hearing, insomnia, and emaciation. The patient will return to a normal condition very soon after the drug is withdrawn. The habit can be cured without great difficulty by proper treatment.